



City of Clermont Parks & Recreation Softball Team Registration Form

(Please Print All Information CLEARLY)

Season: Fall _____ Polar _____ Spring _____

Team Name: _____

League: Men's D _____ Co-Ed _____
Mondays/Tuesdays Thursdays

Manager's Name: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Assistant Manager's Name: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Registration Fee: \$395 per Team for Spring or Fall Season

\$325 per Team for Polar Season

Payable by Check, Cashier's Check or Cash

****Credit Card Payments are accepted but are subject to a 2.75% fee****

OFFICE USE ONLY

Men's C _____ Men's D _____ Co-Ed _____

Date: _____ Amount: _____

Cash: \$ _____ Check #: _____

Payee Name: _____

Receipt #: _____